

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030369

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 12 Primary Registration District No. 4134 Registrar's No. 144

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SmithvilleLength of stay in 1b  
1 hourc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Smithville HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Platte

c. CITY OR TOWN Parkville

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Rt. 4Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Marjorie Jean Hawkins4. DATE OF DEATH  
Month Day Year  
August 27, 19625. SEX  
female6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
9-30-19389. AGE (last birthday)  
23IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife10b. KIND OF BUSINESS OR INDUSTRY  
home11. BIRTHPLACE (City and state or country)  
Clay County, Mo.12. CITIZEN OF WHAT COUNTRY  
USA13a. FATHER'S NAME  
Harold Marsh13b. MOTHER'S MAIDEN NAME  
Marjorie Pence14. NAME OF HUSBAND OR WIFE  
Ray E. Hawkins15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no16. SOCIAL SECURITY NO.  
[redacted]17. INFORMANT  
Address  
Ray E. Hawkins Parkville, Mo.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Probable septicemia

DUE TO (c)

Probable meningococcal meningitis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 26, 1962, to August 27, 1962, and last saw her alive on August 27, 1962.  
Death occurred at 1 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

E. B. Peterson, M.D.

22b. ADDRESS

6708 N. Oak St. K. C. 18, Mo

22c. DATE SIGNED

8-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
removal23b. DATE  
8-29-6223c. NAME OF CEMETERY OR CREMATORY  
Fairview Cemetery23d. LOCATION (City, town, or county)  
Liberty, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pasley Funeral Home Liberty, Mo.

25. DATE RECD. BY LOCAL REG.

8-29-62

26. REGISTRAR'S SIGNATURE

Marguerite Audgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/596-000  
208-30

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12 4-0

13 2-0

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Pasley

Licensed Embalmer No. 4308

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.